

B 210A (Form 210A) (12/09)

**United States Bankruptcy Court  
Southern District of New York**

In re Lehman Brothers Holdings Inc., et al., Debtors.

Case No. 08-13555 (SCC)  
(Jointly Administered)

**PARTIAL TRANSFER OF CLAIM OTHER THAN FOR SECURITY**

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee and Transferor hereby give evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice. Transferor waives its right to raise any objection to the transfer of the claim to Transferee, and Transferor waives its right to receive notice pursuant to Rule 3001(e), Fed. R. Bankr. P. of the transfer of the claim. Transferor consents to the substitution of Transferor by Transferee for all purposes in the above referenced bankruptcy cases with respect to the claim, including without limitation, for voting and distribution purposes. Transferor stipulates that an order of the Bankruptcy Court may be entered without further notice to Transferor transferring the claim to Transferee and recognizing Transferee as the sole owner and holder of the claim. Transferor hereby directs that all payments, distributions, notices and communications in respect of or with respect to the claim be made to Transferee.

HOWARD HUGHES MEDICAL INSTITUTE

Name of Transferee

GOLDMAN SACHS LENDING PARTNERS LLC

Name of Transferor

Name and Address where notices to transferee should be sent:

Howard Hughes Medical Institute  
Attn: Investment Fund Services – HHMF502567  
4000 Jones Bridge Road  
Chevy Chase, MD 20815  
Telephone: 301-215-8713  
Email: ifundservices@hhmi.org

Court Claim # (if known): 59006

Amount of Claim Transferred: \$7,915,000.00

Date Claim Filed: October 30, 2009

Debtor: Lehman Commercial Paper Inc.

With a copy to:

Serengeti Asset Management LP  
632 Broadway, 12th Floor  
New York, NY 10012  
Attn: Erin Rogers  
Telephone: 212-672-2248  
Email: sam.ops@serengeti-am.com

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

HOWARD HUGHES MEDICAL INSTITUTE

By:   
Transferee/Transferee's Agent

Date: 2/21/14

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.*

Agreed and acknowledged:

GOLDMAN SACHS LENDING PARTNERS LLC

By: \_\_\_\_\_  
Transferor/Transferor's Agent

Date: \_\_\_\_\_

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

HOWARD HUGHES MEDICAL INSTITUTE

By: \_\_\_\_\_  
Transferee/Transferee's Agent

Date: \_\_\_\_\_

*Penalty for making a false statement:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

Agreed and acknowledged:

GOLDMAN SACHS LENDING PARTNERS LLC

By:  \_\_\_\_\_  
Transferor/Transferor's Agent

Date: 2/21/14